



RUTLAND COUNTY COUNCIL

ANNUAL REPORTS

FOR

1966

1. HEALTH & WELFARE SERVICES
2. SCHOOL HEALTH SERVICE

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HEALTH AND WELFARE COMMITTEE

MEMBERS

Chairman - Lady T.I.Martin, M.B.E.
Vice Chairman - Mrs. A. Hodgson.

Councillors - Dr. T.D.Brentnall. E. L. Makey, Esq.
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Dr. E. M. R. Hutton, Ketton.
Miss G. M. Meade, O.B.E., Oakham.
Mrs. G. Ream, Ayston Road, Uppingham.

S T A F F

County Medical Officer of Health,
County Welfare Officer, Principal
School Medical Officer.

I.D. McIntosh, M.A., M.B., B.Ch., D.P.H.

Deputy County Medical Officer of
Health.

W. L. Palmer.

Chief Clerk/Ambulance Officer.

E. B. Pearson

Mental Welfare Officer.

D. D. Smith.

Home Help Organiser.

Mrs. B. D. Hutchinson.

Social Welfare Officer.

Mrs. B. Townrow.

Health Visitors.

Miss J. K. Samuel.

Miss M. B. Welsh.

Miss M. Ross.

Miss K. Robinson.

Nurse/Midwives.

Miss E. M. Bell.

Mrs. T. M. Carnachan.

Mrs. M. J. Clark.

Miss R. Hackett.

Miss N. B. Joyce.

Mrs. B. Williamson.

(Relief) Nurse

Mrs. J. M. Sharples.

Home Teacher for the Mentally
Handicapped.

Mrs. D. Mettam.

Junior Training Centre.

W. J. Lindley.

Administrative Assistant.

E. Tooth.

Secretary.

Mrs. M. Bonny.

Clerk/Typists.

Miss P. Gilmore.

Miss J. Coltman.

Miss A. Maciejewski.

Ambulance Control Clerk.

Mrs. W. Ganly.

Principal School Dental Officer.

Miss J. G. Campbell.

Dental Attendants.

Mrs. M. Woolley.

Mrs. K. M. Witt.

School Nurse.

Miss M. Chetwynd.

Speech Therapist.

Mrs. T. Randall.


School Oculist.

N. S. Batheja.

ANNUAL REPORT 1966

HEALTH & WELFARE SERVICES

In looking back on a year in which considerable progress was again made in developing the County's Health and Welfare Services it is not possible in the space of a brief preface to the Annual Report to make mention of all advances; nor does it do to dwell too long on the inevitable disappointments. Clearest thoughts remain however in the fields of Welfare and Mental Health. In preparing the 10 year Plan for development of the Health and Welfare Services, information from the District Councils showed that there is to be a welcome addition to the already generous provision of old persons' housing units in the County during the next ten years and this will mean a doubling of the number of wardens. A survey of conditions of service and rates of pay of wardens, however, revealed almost as many pay scales as there were wardens in post; in addition their duties were in very few instances clearly defined. A report was prepared, which was accepted by the Committee, suggesting that pay scales should be standardised, and that certain minimum duties should be specified. Its implementation, however, depended on its acceptance by the District Councils, and although two agreed, a third was not prepared to accept the change, and the remaining one was apparently unable to discuss the problem so that the report must, for the time being, remain on the shelf. The other welfare matter concerned temporary accommodation for the homeless. At the beginning of the year, the Council had only one unit of accommodation and this was adjacent to Lonsdale House Old Persons' Home. The future development of residential homes for the elderly in the County will mean the closing of Lonsdale House and the eventual closing of the associated temporary accommodation, but it was also obvious that this one temporary unit for the homeless, although sufficient for past needs, was becoming used much more frequently; the Committee decided that more accommodation should be found, and that the Home Help Service should assist in settling new homeless families into any such accommodation, but by the end of the year it was doubtful whether even three units were sufficient, and a further report, again accepted by the Committee, recommended joint discussions with the District Councils and other organisations to try to find better ways of providing urgent shelter for those in need and to determine responsibility for each stage of a family's progress, from admission to temporary shelter, through to final settlement in a permanent home. It is not at all clear why temporary accommodation is needed more frequently now than a few years ago, particularly as a survey has shown that the users are not necessarily those who could be classified as problem families; this aspect of the problem merits much closer attention.



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Considerable progress was made during the year in expanding mental health services. A full time Junior Training School was opened (albeit in temporary premises), a manager for the future Adult Training Centre was appointed and the design of both the Adult and Junior purpose-built centres received the approval of the Ministry of Health; the Mental Welfare Officer completed his first full year in the County and the demands for his services, together with the results of his work, showed without any doubt the wisdom of making this a full-time appointment. Unfortunately towards the end of the year it also became quite clear that there was more work than could reasonably be done by one person, and the Committee will very soon have to consider what further help can be provided to help him to carry out his duties.

I take this opportunity, as I have done in the past, of thanking members of the Health and Welfare Committee, and in particular their Chairman, Lady Martin, for their support in the development of the services for whose provision they are responsible; I also take great pleasure in acknowledging the help given to the Department during the year by the County Architect, Mr. Kennedy, and County Treasurer, Mr. Evans.

I. D. McINTOSH

County Medical Officer of Health
and County Welfare Officer.

ANNUAL REPORT FOR 1966

GENERAL STATISTICS

Area of Administrative County (in acres)	97,273
Population (Registrar General's Estimate 1966)	27,950
Rateable Value (1st April 1966)	£ 817,382
Product of a Penny Rate (Estimated) 1966/67	£ 3,310

VITAL STATISTICS

	<u>Rutland</u>	<u>England & Wales</u> 1966
<u>Live Births</u>		
Number	484	
Rate per 1,000 population Crude 17.3 Corrected	18.3	17.7
<u>Illegitimate Live Births</u> (per cent of total live births)	3.1	
<u>Still Births</u>		
Number	8	
Rate per 1,000 total and still births	16.3	15.4
<u>Total Live and Still births</u>	492	
<u>Infant Deaths</u> (deaths under one year)	10	
<u>Infant Mortality Rates</u>		
Total infant deaths per 1,000 total live births	20.7	19.0
Legitimate infant deaths per 1,000 legitimate live births	21.3	
Illegitimate infant deaths per 1,000 illegitimate live births	0	
<u>Neo-natal Mortality Rate</u> (deaths under four weeks per 1,000 total live births)	14.5	12.9
<u>Early Neo-natal Mortality Rate</u> (deaths under one week per 1,000 total live births)	12.4	11.1
<u>Perinatal Mortality Rate</u> (still births and deaths under one week combined per 1,000 total live and still births)	28.4	26.3
<u>Deaths</u>		
All causes	293	
Death rate per 1,000 population Crude	10.5	11.7
Corrected	10.6	

CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare sessions were held as follows :-

Oakham	2nd and 4th Wednesday	each month at 2.30 p.m.
Uppingham	1st and 3rd Wednesday	each month at 2.30 p.m.
Ketton	1st and 3rd Tuesday	each month at 2.30 p.m.
Empingham	1st Wednesday	each month at 2.30 p.m.
Exton	3rd Wednesday	each month at 2.30 p.m.
* Cottessmore Aerodrome	2nd and 4th Thursday	each month at 2.00 p.m.
Edith Weston	2nd and 4th Tuesday	each month at 2.30 p.m.
Ryhall	2nd and 3rd Thursday	each month at 2.30 p.m.
Langham	1st and 3rd Friday	each month at 2.30 p.m.

* Attendance restricted to R.A.F. families.

Number of children who attended during the year:-

Born in		
1966	1965	1961 - 64
338	322	177

Observation Register

At the end of the year there were 104 names on the register. Particular attention was paid by the health visitor to these children as they have been exposed either during the ante or post natal period to some unfavourable influence which may predispose to handicap, physical or mental.

Congenital Abnormalities

All congenital abnormalities noted at birth continued to be classified and a return of cases was made monthly to the General Register Office. The object of the scheme is to compile statistical information, some of which will be published regularly in the Registrar General's returns, from which it should be possible to detect any national or regional changes in the pattern. It is not intended to keep any central record of individual cases.

Care of Unmarried Mothers

This work is undertaken for the County Council by the Peterborough Diocesan Council whose Moral Welfare Worker investigates all applications for help and arranges for admission to a home for unmarried mothers, and the adoption of the baby where necessary. Financial grants were made to two girls during the year.

DENTAL SERVICE FOR EXPECTANT MOTHERS AND
NURSING MOTHERS AND CHILDREN

NUMBER TREATED

	Expectant and Nursing Mothers	Children aged under 5 and not eligible for School Dental Service
Number of persons examined during the year	34	184
Number of persons who commenced treatment during the year	33	104
Number of courses of treatment completed during the year	27	101

TREATMENT PROVIDED

	Expectant and Nursing Mothers	Children aged under 5 and not eligible for School Dental Service
Scalings and gum treatment	13	-
Fillings	47	162
Extractions	16	77
General Anaesthetics	2	28

DENTURES PROVIDED

	Expectant and Nursing Mothers
Full upper or lower	2
Partial upper or lower	5
Radiographs	2

Treatment was given at the central clinic at the County Offices and in the Dental Caravan. There were 29 sessions devoted to maternity and child welfare patients during the year.

COUNTY NURSING SERVICE

(Sections 23 & 25 N.H.S. Act)

CASES

	OAKHAM	KETTON	MARKET OVERTON	LANGHAM	UPPINGHAM	COUNTY RELIEF	TOTAL
Midwifery	12	26	21	8	18	13	98
General (new cases)	78	44	25	60	107	-	314

VISITS

Midwifery	388	675	975	155	428	438	3,059
General	1,150	391	674	1,483	1,274	790	5,762
Attendances at C.W.C.'s	8	15	4	4	35	46	112

NURSING SERVICE (Continued)

<u>PREMATURE LIVE BIRTHS</u>					
<u>BORN IN HOSPITAL</u>					
	2 lbs. 3 ozs. or less	Over 2 lbs. 3 ozs up to and includ- ing 3 lbs. 4 ozs.	Over 3 lbs. 4 ozs. up to and includ- ing 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. up to and includ- ing 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. up to and includ- ing 5 lbs. 8 ozs.
Total Births	2	1	7	2	6
Died within 24 hours of birth	1	1	1	-	-
Died between 1 and 7 days	1	-	-	-	-
Died between 7 and 28 days	-	-	-	-	-
<u>BORN AND NURSED AT HOME OR IN A NURSING HOME</u>					
Total Births	1	-	-	-	2
Died within 24 hours of birth	1	-	-	-	-
Died between 1 and 7 days	-	-	-	-	-
Died between 7 and 28 days	-	-	-	-	-
<u>BORN AT HOME AND TRANSFERRED TO HOSPITAL ON OR BEFORE 28TH DAY</u>					
	-	-	-	-	1
<u>PREMATURE STILLBIRTHS</u>					
In hospital	-	1	1	-	-

Establishment

There was one vacancy on the establishment throughout the year, but the employment of a part-time relief nurse was quite sufficient to meet the demands of the service.

Domiciliary Midwifery

The percentage of domiciliary confinements was 15 (last year 18).

Analgesics

The gas and air machines (Minnit apparatus) were replaced by Entonox machines during the year. The new machines are not as heavy or as bulky as the old ones and are more efficient.

Staff Meetings

Regular staff meetings were held and occasionally medical films were shown.

HEALTH VISITING

Cases visited by Health Visitor	Number of cases
Children born in 1966	451
Children born in 1965	464
Children born in 1964	1,096
Total number of children in lines 1 - 3	2,011
Persons aged 65 or over	86
Number included in age 65 or over who were visited at the special request of a G.P. or hospital	78
Number of tuberculous households visited	12

In addition to routine home visits and supervision of clinics the health visitors also reported on the domestic circumstances of -

- (a) old people for whom geriatric hospital accommodation was sought.
- (b) expectant mothers for whom hospital confinement was indicated on social grounds.

Hearing.

The health visitors are all trained in the screening of young children for deafness. All children suspected of having defective hearing were referred to the family doctor.

Phenylketonuria

Routine testing of urine of babies was carried out by the health visitors.

Co-operation with general practitioners.

With the consent of a group of family doctors in January a health visitor was allocated on virtually a full time basis to the patients covered by their practices. Some of the practices involved extend beyond the County boundary; consultation with the Local Health Authority of the areas concerned led to mutually satisfactory arrangements permitting the health visitor to follow her patients to their homes regardless of geographical location. The health visitor was given no detailed instructions on how her work was to be carried out, merely advised to use her own judgement in deciding how best she could help.

It was apparent within a few months that the scheme was an unqualified success. External evidence of this came in the form of a request for a similar attachment from another group of practitioners who, with commendable enterprise, had located a suitably experienced health visitor willing to take on the job. Since there was a vacancy on the health visitor establishment it was possible to comply with the request with little delay.

At the end of the year the remaining group of practitioners in the County applied for a health visitor to be attached; this will be done when the staff position permits.

Miss J. K. Samuel, health visitor, retired on 31.12.1966 after 18 years service with the County Council.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Number of persons vaccinated (or re-vaccinated) during the year 1966

Age at date of vaccination	Under 1	1	2 - 4	5 - 15	Total
Number vaccinated	7	66	69	25	167
Number re-vaccinated	-	-	3	21	24

Diphtheria Immunisation

Children born in years :-

	1966	1965	1964	1963	1959-62	Others under age 16	Total
A. Number of children who completed a full course of primary immunisation	84	201	27	8	14	4	338
B. Number of children who received a secondary (reinforcing) injection	-	52	62	14	170	11	309

Whooping Cough Immunisation

Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) during the year ended 31st December 1966

	1966	1965	1964	1963	1959-62	Others under age 16	Total
	84	201	27	8	14	4	338

POLIOMYELITIS VACCINATION

Year ended 31st December 1966

Age group	PRIMARY IMMUNISATION		REINFORCING DOSES
	Vaccine by Injection	Vaccine by mouth	
Children born in 1966	10	17	-
Children born in 1965	67	164	16
Children born in 1964	15	23	49
Children born in 1963	7	18	19
Children born in years 1959-62	5	89	211
Others under age 16	1	14	19
Total	105	325	314

TUBERCULOSIS

<u>New Cases</u> <u>Age Groups</u>	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
5 - 10	-	-	-	-
10 - 15	-	-	-	-
15 - 20	-	-	-	-
20 - 25	-	-	-	-
25 - 35	-	-	-	-
35 - 45	1	-	-	-
45 - 55	-	-	-	-
55 - 65	-	1	-	-
65 - 75	-	-	-	-
over 75	-	-	-	-
Totals	1	1	-	-

The health visitor paid 39 visits to the homes of notified cases of tuberculosis, arranged for examination of contacts by the Chest Physician and reported on home conditions. She also attended the chest clinics at Melton Mowbray and Stamford Hospitals for case consultations with the Chest Physicians on matters affecting the patients' families. Cases considered to be inadequately housed were referred by the Health Committee to the Local Authority with a recommendation for re-housing where possible.

B.C.G. Vaccination

	<u>Contact Scheme</u>	<u>School Children Scheme</u>
Number skin tested	56	262
Number found positive	10	28
Number found negative	46	234
Number vaccinated	59	229

The skin testing of contacts is normally carried out by a health visitor; where the test shows the need for B.C.G. vaccination this is performed at a Chest Clinic.

AMBULANCE SERVICE 1966

Mileage and patients

The total mileage covered by the vehicles was the highest on record. This increase can be attributed to (a) the changing policy of hospital authorities of having patients attend on a daily or weekly basis instead of admitting them until recovery is complete, (b) the progressive withdrawal of public transport, (c) increased demand for transport of non Section 27 patients, i.e. school clinics, special schools etc., and (d) the expanding mental health service.

Training

All the ambulancemen attended courses held at the Civil Defence Headquarters of the Rutland Branch of the Red Cross Society Offices.

Civil Defence Volunteers

Fully trained members of the First-Aid and Ambulance Section of the Civil Defence Corps continued to attend at the ambulance depot. Thanks to the co-operation of the full time staff their integration into the service was very successful.

Car Service

The extra work involved in running this section of the ambulance service is well worthwhile, in view of the savings which result.

Equipment

All the vehicles now carry pneumatic splints as part of their general equipment. An order was placed for a second premature baby unit, with improved heating, better facilities for supply of oxygen and humidity control.

Electric blankets were purchased for use on the emergency vehicles.

Escorts and Voluntary Car Drivers

Once again I should like to record my thanks to the voluntary car drivers and in particular to the ladies who have given their time so early in the morning to act as escorts for the training centre children.

AMBULANCE SERVICE

Directly Controlled Service						Agency Service				
Year	Ambulances	Cars				Total	St. Johns Ambulance Brigade & Kesteven C.C.			
		Mileage	Patients	Mileage	Patients		Ambulances		Sitting case vehicles	
							Mileage	Patients	Mileage	Patients
1953	60,439	3,901	26,664	2,035	87,103	5,936	2,632	189	15,460	1,186
1954	56,631	3,971	40,653	2,518	97,284	6,489	3,324	247	13,891	977
1955	58,140	4,658	61,171	4,000	119,311	8,658	2,675	222	8,907	642
1956	68,313	5,423	43,072	3,127	111,385	8,550	2,970	248	6,791	495
1957	73,533	6,176	42,707	2,793	116,240	8,969	6,944	562	3,894	361
1958	72,630	5,941	30,982	2,256	103,612	8,197	10,141	987	7,843	614
1959	63,173	6,027	44,197	3,621	107,370	9,648	10,287	973	7,325	505
1960	73,673	7,362	41,290	3,373	114,963	11,410	8,358	817	5,181	407
1961	82,058	8,257	47,893	4,006	129,951	12,263	8,422	996	4,809	519
1962	91,121	9,334	40,196	3,771	131,317	13,105	8,664	960	5,175	659
1963	102,402	9,855	33,727	2,860	136,129	12,715	7,695	1,033	4,984	438
1964	101,701	10,094	36,519	3,451	138,220	13,545	8,332	1,112	9,452	765
1965	108,167	11,201	37,299	2,871	145,466	14,072	7,086	949	8,521	908
1966	129,411	11,631	51,103	3,769	180,514	15,400	5,203	563	8,823	997

HEALTH EDUCATION

Although no Health Education Officer is employed every effort is made, through the exhibition of posters and direct contact between the Health Department staff and the general public, to promote health education.

Material for display is distributed to child welfare centres, schools, the School Dental Service and the Schools Meals Service.

CHIROPODY SERVICE

A directly provided Chiropody Service has been operating since April 1960. The part time services of two registered chiropodists have served adequately to meet the needs of primarily the elderly, but also the handicapped in the community and in residential accommodation. One of the chiropodists resigned in August and to date it has proved impossible to recruit a replacement, limited as the Authority now is to the employment of registered auxiliaries only.

Treatment was provided on premises where there are meetings of old age pensioners; details follow -

		<u>Honorary Secretary</u>	<u>No. of Clinics</u>	<u>No. of Attendances</u>
* Oakham	Victoria Hall	Mrs. B.W. Clark	11	94
* Uppingham	Darby & Joan Club, High St.	Mrs. Nyilassy	4	31
† Ketton	Bishop Clayton Hall	Mrs. F.R. Sivers	13	104
* Langham	The Institute	Mrs. Beal	8	65
† Ryhall	Village Hall	Mrs. R.F. Whatley	8	61
† Morcott	Village Hall	Mrs. Jinks	6	48

* Mrs. Vines in attendance

† Miss Farndell in attendance

MEDICAL LOANS SCHEME

The major reorganisation of this scheme outlined in last year's Report has been implemented. The Service is now controlled by a Joint Sub-Committee of the County Council and the Rutland Red Cross Society. A part time salaried secretary has been appointed and premises in Oakham, affording adequate room for the storage of equipment, have been obtained. A charge is made for the use of nursing equipment provided, but apart from the income arising from this, the service is financed entirely by the County Council.

A steadily increasing number of items of equipment is being issued, but the service in its new form has not yet been operating for sufficient time for a meaningful assessment of its cost/value to be made.

Incontinence pads

These pads are available free of charge at the Health Department, County Offices, on the recommendation of the district nurse midwife, or the patient's own doctor.

HOME HELP SERVICE

(Section 29 N.H.S. Act)

During the year the Home Help Service continued to expand, the total number of households having received help during this period being 138 (this figure includes 50 new cases).

Classification of cases

Chronic and elderly	103
Maternity	16
Problem families	3
Psychiatric	5
Tuberculosis	2
Others	9

As in previous years at least two thirds of the cases were elderly persons.

The number of Home Helps and Good Neighbours employed as at 31.12.66. was -

Part time "Helps"	27
"Good Neighbours"	3

Recruitment

Since the advent of Selective Employment Tax it has been less difficult to recruit women as Home Helps.

Good Neighbour Service

This new service has proved to be most successful.

Good neighbours are employed under the same conditions as Home Helps but they only work for one person who lives very near to them and so are available for an emergency with the patient if, and when, it arises.

Night Sitter-in Service

A list of names of potential night sitters-in was compiled but on no occasion was this service called upon.

Assessment Scale

The revised assessment scale which became operative on May 2nd 1966 was amended on November 28th 1966 when the Ministry of Social Security Act 1966 was implemented - the effect of the latter was to increase the personal allowances and make less demand on savings and other capital.

Training of Home Helps

A course of training was arranged during the summer months and talks on the following subjects were given by specialists in each field -

Duties of the home helps	Home Help Organiser.
Conditions of service	Wages clerk.
First aid in the home	Deputy C.M.O.H.
The place of the home help in the public health team	C.M.O.
Diet for the elderly	Matron, Catmose Vale Hospital.
The home help in the homes of the mentally sick	Mental Welfare Officer.
Hygiene in the home	Public Health Inspector.
The home help in the home of the problem family	Children's Officer.
Details of our own service	Home Help Organiser.
The work of the social welfare officer	Social Welfare Officer.

Upon completion of the course, Certificates were awarded to 13 Home Helps and these were presented by the Chairman of the Health and Welfare Committee, Lady Martin.

Home Help Rally and one day Conference

The Home Help Organiser and 10 home helps attended the above Rally on Saturday 11th June 1966 at Cambridge.

Material aids

During the year some essential material aids were acquired without which it would have been impossible to have provided help in certain instances. The modern home help, used to decent equipment in her own home cannot be expected to cope with dirty and difficult cases when, as sometimes happens, even the basic household cleaning aids are not available. (These aids are not left at the home of clients - they are kept in the Home Help Office and are used only when required.)

WELFARE FOODS SERVICE

Welfare Foods as issued by the Ministry of Health continued to be distributed at 21 Centres throughout the County. This service is administered by the W.R.V.S.

Issues during the year were as follows -

National Dried Milk Full and Half Cream	4,815
Cod Liver Oil	403
Vitamin Tablets.....	291
Orange Juice	5,488

MENTAL HEALTH ACT 1959

Training Centres

Arrangements whereby a number of subnormal children attended, on a part time basis, a Junior Training Centre held at 40, Cold Overton Road, Oakham, continued throughout most of the year. With the date for completion of purpose built premises some two years in the future it was decided to obtain more commodious temporary accommodation and extra staff so that full time training of all children in need could be instituted.

A former primary school in the village of Exton was made available and at modest cost was adapted to meet the special needs of handicapped children. Mr. W. J. Lindley was appointed to the post of supervisor on 17th October 1966 and the new centre became operational in December. The children are transported from and to their homes each day at considerable - but unavoidable - expense to the County Council, and are provided at a nominal charge with a hot meal at mid-day.

No organised scheme of training or occupation for mentally subnormal adults has hitherto existed in the County, but a purpose built training centre is planned and completion is hoped for in 1968. It was considered that the provision of training facilities in temporary premises would be worthwhile, not only as an obvious benefit to the trainees but to afford under local conditions operating experience which would be of great value in the organisation of the definitive centre. Progress during the year was confined to the appointment of Mr. J. Green as Supervisor and initial steps towards obtaining a lease on disused industrial premises, but it is hoped that an adult training centre will be functioning early in 1967.

The mental welfare officer's work during the year included -

Visits to subnormals	174
Visits requiring possible admission	69
After-care visits	326
Pre-care visits	87
Miscellaneous - visits to clinics, hospitals, training centres, conferences	242

MENTAL HEALTH ACT 1959

Number of patients referred during year ended 31st December 1966

	Mentally III		Subnormal				Severely Subnormal				
Referred by	Under age 15	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Total
(a) General Practitioners	M - F -	M 10 F 23	M - F -	M 1 F -	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	34
(b) Hospitals, on dis-charge from in-patient treatment	M - F -	M 10 F 9	M - F -	M - F 1	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	20
(c) Hospitals, after or during out-patient or day treatment	M - F -	M 5 F 6	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	11
(d) Local education authorities	M 5 F 2	M - F -	M 1 F -	M - F -	M - F -	M - F -	M - F 1	M - F -	M - F -	M - F -	9
(e) Police and courts	M - F -	M 1 F 1	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	2
(f) Other sources	M 3 F 2	M 16 F 10	M - F -	M 1 F 7	M - F -	M - F -	M - F -	M - F -	M - F -	M - F -	39

	Mentally Ill		Subnormal		Severely Subnormal		Totals	
Number of Patients under care at 31.12.66	Under Age 16 M F	16 and over M F	Under Age 16 M F	16 and over M F	Under Age 16 M F	16 and over M F	Under Age 16 M F	16 and over M F
1. a) <u>Receiving</u> training or occupation in day centre <u>Awaiting</u> training or occupation in a day centre	- -	- -	6 6	2 1	- -	- -	6 6	2 1
b) <u>Receiving</u> training or occupation in residential centre <u>Awaiting</u> training or occupation in residential centre	- -	- -	- -	- -	- -	- -	- -	- -
c) <u>Receiving</u> home training <u>Awaiting</u> home training	- -	- -	5 3	12 7	- -	- -	5 3	12 7
d) <u>Resident</u> in Home/Hostel <u>Awaiting</u> residence in Home/Hostel	- -	- -	- -	- -	- -	- -	- -	- -
e) Resident at L.A. expense in private residential home	- -	- -	- -	- -	- -	1 1	- -	1 1
f) Receiving home visits and not included under (a) or (e)	- -	19 23	- -	5 2	2 1	- -	2 1	24 25
2. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.66	- -	- -	- -	- -	- -	- -	- -	- -
a) In urgent need of hospital care	- -	- -	- -	- -	- -	- -	- -	- -
b) Not in urgent need of hospital care	- -	- -	- -	- 2	- -	- 1	- -	- 3

1 Boy, under 16 years of age, was admitted to N.H.S. hospital for temporary residential care.

FOOD AND DRUGS ACT, 1955

Sampling was carried out by Mr. H. Tabberer, Public Health Inspector to the Oakham Urban District Council (by arrangement with his Authority). The total number of samples taken during the year was 46 and all were found to be satisfactory.

<u>Article</u>	<u>Formal</u>	<u>Informal</u>
Apples	-	6
Baking Powder	-	1
Beef Suet	-	1
Beer	-	3
Butter	-	2
Chicken curry with rice	-	1
Cornflour	-	1
Dried currants	-	1
Custard Powder	-	1
Flour, plain	-	3
Flour, self raising	-	3
Fruit sauce	-	1
Lard	-	1
Milk	3	4
Milk, Channel Islands	2	-
Evaporated milk	-	1
Nesquick	-	1
Peaches	-	1
Peanut butter	-	1
Salad cream	-	1
Sponge mixture	-	1
Sugar	-	2
Sweets	-	3
Tomato ketchup	-	1
	<hr/> 5 <hr/>	<hr/> 41 <hr/>

REGISTRATION OF NURSING HOMES

(Sections 187 to 194. Public Health Act. 1936)

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year	-	-	-	-
Homes on register at the end of year	1	-	30	30

RURAL WATER SUPPLIES AND SEWERAGE ACTS. 1944 - 1955

During the year grants were made to:

Uppingham Rural District

Bisbrooke and Glaston sewerage scheme

The following schemes were approved in principle:

Uppingham Rural District

Sewerage scheme for the parish of Ayston.

Ketton Rural District

Sewerage scheme for the parish of Tinwell.

HANDICAPPED PERSONS

The following persons were on the register at the end of the year:-

		Children under 16	Persons aged 16 to 64	Persons aged 65 and over
<u>Deaf with Speech</u>	Males	-	2	-
	Females	-	-	1
<u>Deaf without Speech</u>	Males	-	1	1
	Females	-	-	1
<u>Hard of Hearing</u>	Males	8	4	1
	Females	7	2	1
<u>Handicapped Persons</u> <u>(General Classes)</u>	Males	9	26	8
	Females	11	25	13
Total		35	60	26

Aid to the Disabled

Applications for aids and equipment for the disabled were dealt with by the Medical Loans Scheme.

NATIONAL ASSISTANCE ACT 1948

Welfare of Disabled Persons (Sections 29 and 30)

The Royal Leicester, Leicestershire and Rutland Institution for the Blind continued to maintain the registers of blind and partially sighted persons in the County and also to provide welfare services for them as agent for the Council.

Thirteen names were added to the blind register during the year, the cause of blindness in six cases being cataract, in five cases retinal degeneration, in one case optic atrophy and in a fourth case glaucoma.

Blind Register

Number of persons on register at the 31st December 1966 ... 62

Age Distribution

<u>0-10</u>	<u>11-15</u>	<u>16-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70-79</u>	<u>80-89</u>	<u>90+</u>
1	-	2	1	2	5	6	11	14	16	4

Partially Sighted Register

Number of persons on register at the 31st December 1966 ... 16

The home teacher paid 383 visits, gave 16 lessons and attended 12 handicraft classes during the year. Social events were organised on the pattern of previous years, and outings were made to Stapleford Park and Skegness during the summer.

Structural alterations in homes of disabled.

The Council co-operated with the Housing Authorities in dealing with requests for structural alterations in the homes of the disabled.

Welfare of the deaf

The Northants and Rutland Mission to the Deaf are the Council's Agency for the welfare of deaf or partially deaf persons. The Rev. Kenneth Earle pays home visits, arranges lip-reading classes and club activities.

REPORT OF THE SOCIAL WELFARE OFFICER

Total number of visits: 707

Elderly people	533	(114 first visits)
Disabled people	95	(under 65 years)
Families in temporary accommodation	20	
Miscellaneous visits	59	

Referrals to -

Ministry of Social Security (Supplement to Pension)	13
National Institute for the Blind (registration)	2
Appointments arranged with optician (home visits or escorts)	4
Welfare of the Deaf - hearing aids sent for repair	5
Applications for rate rebate	3
Home Help Organiser	11
Mental Welfare Officer	3
W.R.V.S. Meals on Wheels	9
W.R.V.S. Clothing	52
Chiropody including private appointments	3
Voluntary Service Section (Oakham School)	5
(Uppingham School)	1

Clubs

There are now ten clubs for elderly people in the County, a new club having commenced last year for the elderly residents of Lyndon, Manton, and North Luffenham; meetings are held each month at the Village Hall, Lyndon.

Liaison

Liaison is maintained with the District Councils in connection with the welfare of elderly and disabled people. Also with the clergy, other social agencies and voluntary organisations. The names of disabled people who are in need of a holiday are referred to the B.R.C.S. for "Holidays for the Handicapped" at Caister.

Meetings attended

East Midlands Old People Welfare Committee.
Rutland Association for the Disabled.

Courses attended

Social Change and Social Work.

PART III ACCOMMODATION

Mrs. E. P. Moore, matron at Lonsdale House, resigned with effect from 29th October 1966. It was not possible to obtain a replacement until December when Mrs. R. Watmore S.R.N. was appointed to the post.

Assistance was given in the training of nursing orderlies employed at Catmose Vale geriatric hospital. With the object of acquainting the trainees with the services available to old people outside hospital, each was given the opportunity to spend one week working at Lonsdale House and a further week studying the range of supportive services provided by the Welfare Department.

FLUORIDATION

At the beginning of the year Leicester, Leicestershire and Rutland had agreed on a joint scheme for fluoridation to be operated by the Leicester City Water Department, but certain technical difficulties have to be solved before the whole area served by the Water Department can receive fluoride in its water supplies. So far as Rutland is concerned this means overcoming the difficulties of adding fluoride at a number of small water undertakings. In June, the Ministry of Health agreed to test equipment at the Lyddington water works in the south of the County using the liquid hydrofluosilicic acid. There are still some small details to be resolved before it is certain that the equipment being used is entirely satisfactory, but it is expected that this trial scheme will be completed during 1967.

In 1968 or possibly earlier between one half and two thirds of Rutland's population will receive treated water when the Leicester City Water Department begins fluoridating the supply to the whole area under its control. The areas covered in Rutland will be most of Uppingham Rural District, most of Oakham Rural District, and the whole of Oakham Urban District. Three parts of Rutland will then be excluded -

1. The southern tip of Uppingham Rural District supplied by the Mid-Northants Water Board.
2. The northern part of Ketton Rural District supplied by the South Lincs. Water Board.
3. The southern part of Ketton Rural District supplied by the Nene and Ouse Water Board.

These three areas present difficulties. The south tip of Uppingham Rural District is remote from the Mid-Northants main station and is supplied by an isolated source which would be very expensive to control. It seems likely that it will be many years before this area is covered. The Nene and Ouse Water Board are re-organising their supplies, closing some sources and opening others and it is possible that this area will get fluoridated water within the relatively near future. The South Lincs. Water Board, however, have difficulties of a different nature in that they have to supply nine Local Authorities, only a few of whom so far have agreed to fluoridation. It is not possible to predict therefore when the northern part of Ketton Rural District will receive fluoridated water.

ANNUAL REPORT 1966

SCHOOL HEALTH SERVICE

During the year further progress was made in applying the resources of the School Health Service to helping teachers to understand better the children of whom they are in charge, and to attempting to find children who were failing to make the best use of their educational potential, or who were proving a source of worry to their teacher. Routine inspections by the school doctor of any age group were almost entirely abandoned, and my time was placed at the disposal of the County's headteachers; as a result, a large proportion of my available time was spent on testing the intelligence of backward pupils. Routine visits to schools, however, continued to be made frequently by the school nurse, who at the same time carried out hearing and vision testing; whenever her work threw up a problem to which she could not supply the answer, the problem was referred to me and I endeavoured to solve it. Not all head teachers were happy with these new arrangements, and I was asked to address one of regular Head Teacher's meetings to put my point of view; most of those present, however, appeared to welcome the new approach, particularly the added useful information about children which was being passed to them; and it was felt that possibly too little attention had in the past been paid to what teachers themselves felt that a school health service should be doing. Further discussions with teachers showed that their main problems appeared to be with trying to cope with less clever children, and so I prepared a report on this subject, trying to assess the size of the problem in the county, for presentation to the Special Services Sub-Committee of the Education Committee. By the end of the year, however, it had not been possible for the sub-committee to consider the problem in detail.

The reader's attention should be drawn to three items in the report. Firstly, it can be seen that eight children out of 262 tested, had at some stage of their lives been infected with tuberculosis; although they had suffered no ill effects, this is proof, if proof is still needed, that the war against this disease must still be waged. Secondly, it may be noted that the school nurse managed to test the vision of almost half the school children in the county during the year; of those tested one in every five showed some error of refraction, and of these one in every three are known to have had spectacles prescribed for them. Thirdly, it can be seen that the school nurse, having done 7,202 examinations of school children, appears to have examined every child twice during the year for vermin infestation; although the nurse may have taken the opportunity to examine some heads, and it can be seen that 12 children were in fact found to be infested, the purpose of her visits now covers, as explained earlier, a much wider range of duties.

It is traditional, but for me not a meaningless, duty to thank those people who helped during the year in the running of the service; I take great pleasure in singling out the Chief Education Officer, Mr. J.A. Simmonds, and members of the Committee for allowing me almost a free hand in developing the service along the lines mentioned in this and last year's report.

I.D. McINTOSH.

Principal School Medical Officer.

E D U C A T I O N C O M M I T T E E

Report of Principal School Medical Officer for the Year

1966

Number of pupils on registers of maintained
and assisted Primary and Secondary Schools 4,013

Number of Primary Schools 26

Number of Secondary Schools, Village Colleges and High Schools 4

Medical Inspections

The age groups subjected to periodic medical inspections are prescribed in the Handicapped Pupils and Special Health Service Regulation, 1948.

Number of children examined during the year

Age groups inspected (year of birth)	No. of pupils inspected	Pupils found to require treatment		
		For defective vision excluding squint	For any other conditions	Total individual pupils
1962 & later	-	-	-	-
1961	36	11	8	19
1960	126	14	14	28
1959	26	2	3	5
1958	15	5	6	11
1957	2	1	-	1
1956	6	5	-	5
1955	4	1	-	1
1954	2	-	-	-
1953	-	-	-	-
1952	-	-	-	-
1951 & earlier	83	16	4	20
	300	55	35	90

Treatment of Defects

The total number of children who received operative treatment for the removal of tonsils and adenoids was 82.

2 children known to have minor orthopaedic defects were referred to the Out-Patient Departments at Leicester and Stamford Hospitals.

TABLE OF DEFECTS

Defects found by medical inspection during the year 1966

Defect or Disease	Routine Inspections		Special Inspections	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	1	-	-	-
Eyes (a) Vision	26	29	-	-
(b) Squint	10	7	-	-
(c) Other	1	-	-	-
Ears (a) Hearing	3	7	-	-
(b) Otitis Media	1	-	-	-
(c) Other	-	-	-	-
Nose and Throat	4	-	-	-
Speech	3	4	-	-
Lymphatic Glands	-	-	-	-
Heart	1	-	-	-
Lungs	2	1	-	-
Developmental:-				
(a) Hernia	-	-	-	-
(b) Other	-	-	-	-
Orthopaedic:-				
(a) Posture	-	-	-	-
(b) Feet	-	-	-	-
(c) Other	1	-	-	-
Nervous System:-				
(a) Epilepsy	-	-	-	-
(b) Other	-	-	-	-
Psychological:-				
(a) Development	-	1	10	5
(b) Stability	-	1	-	1
Abdomen	-	-	-	-
Other	-	-	-	-

SPEECH THERAPY

Mrs. T.D.F. Randall holds 3 sessions each week at her clinic at the County Offices. Sessions were held each Monday morning, Wednesday morning and afternoon during the school term.

No. of sessions	130 approx.
No. of attendances	560
No. of discharges	16
Left area	5

Classification of Cases:-

Stammerers	13
Dyslalics	30
Alalics	-
Cleft Palates	3
Hyper-rhinolalias	1
Patients with lisps	4
Developmental aphasia	1
Developmental dysarthria	1
Patients suffering from deafness	-
Unclassified	1
Clutterers	-
Mixed defects	1
Slow to develop speech	5

CHILD GUIDANCE

The Child Guidance Services of the Leicestershire and Kesteven Education Authorities are available to Rutland children by arrangement - villages east of a line including Market Overton, Cottesmore, Exton, Edith Weston and Morcott being served by Kesteven (clinics at Bourne and Grantham) and the remainder of the County by Leicestershire (with clinics at Melton and Leicester).

No. of cases treated at Kesteven and Leicestershire clinics 34

MILK IN SCHOOLS SCHEME

The designation of milk supplied to schools was as follows:-

Pasturised	29
T.T. Tested	1

PREVENTION OF TUBERCULOSIS

Circular letters explaining B.C.G. vaccination and incorporating a consent form were sent to the parents of all children on entry to the secondary modern and grammar schools.

A preliminary test to ascertain the susceptible children was done and the tubercular negative children were later vaccinated. Children found to be strongly tubercular positive were x-rayed to exclude the possibility of a latent tubercular infection.

	<u>Vale of Catmose Village College</u>	<u>Uppingham Village College</u>	<u>Casterton Secondary Modern</u>	<u>Rutland High School</u>
No. of children skin tested	103	46	66	47
Negative reactors	92	43	60	39
Positive reactors	11	3	6	8
B.C.G. vaccinations	90	42	58	39

Of 28 positive reactors enquiries showed that 16 had received B.C.G. vaccination at an earlier age.

EYE SERVICE FOR SCHOOL CHILDREN

The school nurse tested the visual acuity of 1,789 children and also children in the 10-11 age group were tested for colour vision.

Eye Disease, Defective Vision and Squint

	Number of cases dealt with
External and other, excluding errors of refraction and squint	4
Errors of refraction (including squint)	360
Total	364
Number of pupils for whom spectacles were prescribed	113

Dr. N.S. Batheja, D.O.M.S., the Assistant Ophthalmologist appointed by the Sheffield Regional Hospital Board for the Leicester Royal Infirmary and associated clinics held 34 refraction clinics at the County Offices, Oakham.

CHILDREN WITH IMPAIRED HEARING

Routine audiometric testing of school entrants was continued during the year. The school nurse carried out routine tests in the primary schools using an Amplivox (Model 51) pure tone transistor audiometer.

The services of the Leicestershire Education Authority's peripatetic teacher of the deaf are available to Rutland children by arrangement. During the year 17 partially deaf children were visited in their homes and in school.

INFESTATION WITH VERMIN

Total number of examinations in the schools by the school nurse	7,202
Total number of pupils found to be infested	12
Total number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).	Nil
Total number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).	Nil

The school nurse makes routine visits to each school every term and special visits at the request of head teachers. Assistance is given by the N.S.P.C.C. inspector in visiting homes of persistent offenders and urging treatment.

The school nurse paid 102 home visits during the year.

HANDICAPPED PUPILS AT SPECIAL SCHOOLS

BLIND

There are no blind children in Special Schools.

PARTIALLY SIGHTED

1	Boy	(28.2.59)	in Sunshine Nursery School, Leamington.
1	Boy	(11.9.55)	in Exhall Grange, Coventry.

PARTIALLY HEARING

1	Girl	(28.9.63)	in Caverstead Road Nursery School, Peterborough. (Day pupil)
1	Boy	(23.10.61)	in Wainwright House Nursery School (Royal Residential School for the Deaf) Cheadle Hume.

PHYSICALLY HANDICAPPED

1	Boy	(4.9.59)	in Wilfred Pickles School, Tixover Grange. (Day pupil)
1	Girl	(30.11.54)	in Thieves Wood School, Mansfield.

MALADJUSTED

1	Boy	(24.11.58)	in Berrow Wood School, Pendock, Worcs.
2	Boys	(18.7.57 16.6.56)	in Newnham House, Newnham on Seven, Worcs.

EDUCATIONALLY SUB-NORMAL

1	Boy	(29.3.57)	in Craven Lodge School, Melton Mowbray.
1	Boy	(12.8.52)	in Stubton Hall School, Nr. Grantham.
1	Boy	(31.3.51)	in St. Margarets School, Great Gaddesden, Herts.
1	Boy	(1.2.55)	in Beacon School, Lichfield.
1	Boy	(1.7.53)	in Maplewell Hall School, Leics.
1	Boy	(31.12.55)	in Bosford Court School, Worcester.
1	Boy	(7.8.57)	in Firdale School, Corby. (Day pupil)
1	Girl	(27.8.58)	in Firdale School, Corby. (Day pupil)
1	Girl	(16.9.54)	in Orton Hall School, Orton Longueville.
1	Girl	(24.1.56)	in Townhill Park School, Nr. Southampton.
1	Girl	(31.3.51)	in St. Margarets School, Great Gaddesden, Herts.
1	Girl	(31.7.52)	in Rayners School, Penn, High Wycombe.

DEAF

There are no deaf children in Special Schools.

EPILEPTIC

There are no epileptic children in Special Schools.

IN HOSPITAL

1 Boy (18.1.52) in the Adolescent Unit of Rauceby
(Psychiatric) Hospital.

MEDICAL EXAMINATION OF TEACHERS AND STUDENTS

17 candidates for admission to Teacher's Training College, and 5 teachers were examined.

ANNUAL REPORT OF THE SENIOR EDUCATIONAL PSYCHOLOGIST

During 1966 for the greater part of the year Miss Sutcliffe, as the only full time psychiatric social worker attached to the clinic, was responsible for all the social work connected with the clinic in Rutland. In September, 1966 Miss Tauber returned to us having obtained the Diploma in Mental Health following the Mental Health Course at the London School of Economics, so that at the end of the year Miss Tauber and Miss Sutcliffe shared the Rutland work between them.

In the summer, Mr and Mrs Lasson, the warden and matron of the Homestead Hostel, left Leicestershire for a post elsewhere, so that a very fruitful and happy relationship was brought to an end. We have been fortunate in obtaining Mr Peter Foster and Mrs Foster as the new warden and matron and they started at the Homestead in late November, 1966. Mr. Foster is a registered mental nurse, his wife also has nursing experience and both of them had previously run a hostel for young handicapped children in Nottinghamshire. During the interval after the departure of the Lassons and before the coming of the Fosters, we were very grateful to Mr. W. Pavelin, the assistant warden who managed to carry on single-handed with, of course, the support of the domestic staff. Naturally this necessitated cutting the numbers in the Homestead very drastically for almost all the autumn term. At the end of the summer term, 1966 one young Rutland child who had been awaiting a place in a residential school was discharged from the Homestead to go to Berrow Wood School, Pendock, Worcestershire. Another Rutland child was discharged at the end of the summer term as he was about to transfer from Junior to Senior School. In January, 1966 an adolescent from Rutland, who had already been attending Melton Upper School for one term, was admitted to the Homestead where he remains.

The number of referrals to the Child Guidance Clinic and Schools Psychological Service is similar to the figure referred last year. It will be noted from the following tables that there are two small peaks of referral at the age of seven and at the age of eleven.

Total number of referrals	26
No. of children seen in school by Mr. Todd, Senior Educational Psychologist	16
No. of children seen by Miss Thraves, Adviser for Backward children, at school.	6
No. of home visits by psychiatric social workers, (Miss Sutcliffe and Miss Tauber, but Miss Tauber absent on study leave January - August 1966)	47
No. of new cases seen by Dr. Pittock	7

Total number of children referred in each age group

Table I

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
1	-	-	-	2	1	4	3	2	2	4	3	2	-	2	-	26

Source of Referral

Table II

School	16
General Practitioners	1
Parents	1
Hospital	1
Court	1
Chief Education Officer	1
School Medical Officer	5

Table III

Type of Problem

Neurotic and reactive	6
Educational	10

Type of School

Table IV

Pre School	1
Primary	16
Secondary Modern	6
Grammar	3

ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

FOR 1966

Pupils at two of the three secondary schools and seventeen of the primary schools were inspected and treated. In addition children at the Wilfred Pickles School and the junior training centre were inspected and treatment given.

347 sessions were worked in the clinic, $88\frac{1}{2}$ sessions were worked in the mobile unit and 6 sessions were given to dental health education.

It is to be seen that the number of courses of completed treatment falls short of the number of children referred for treatment. The reasons are:-

- 1). Some children fail to keep their appointments.
- 2). Some children leave the county during the course of treatment,
- 3). the intractable children,
- 4). the cases where prognosis of the temporary dentition contra indicates complete conservation.

The parents of children failing to keep one appointment without notification are now sent forms asking whether they wish to have a further appointment. Broken appointments are not a problem in the mobile unit except during holiday periods.

In April, a part-time dental officer was appointed. The county was then divided for purposes of dental inspections and treatment into the schools served by the mobile unit and the central and special schools treated in the clinic. This proved by the end of the year that there is more than enough work for both a full-time dental officer in the clinic and a part-time dental officer able to work only four sessions per week in the country schools.

The clinic, in addition to the routine work of the central schools, takes all the orthodontic work, most of the emergency work, the scholarship children and the children now having quarterly re-inspections.

An increase in the M. & C.W. work has had to be at the expense of inspecting and treating school children. As it is not practical for more than one dental officer to use the mobile unit in the week it has not been possible to leave the clinic work and give extra time in the mobile unit so as to complete the country round in the school year.

The demand for orthodontic treatment continues to increase. Care is exercised to ensure that patients will give full co-operation when this expensive and specialised treatment is indicated. The fact that we have the services of a consultant orthodontist contributes greatly to the appreciative and responsible attitude shown by most of the parents. The consultant attended ten sessions during the year apart from the other 26 orthodontic sessions worked.

Fewer general anaesthetic cases have been treated at each half session. If possible fortnightly instead of weekly $\frac{1}{2}$ sessions have been held but more often it is not possible to hold back quite urgent cases. Successful anaesthetic sessions have been held in the mobile unit using portable equipment and so easing the burden on transport. With excellent voluntary help in the recovery room and surgery, these sessions run very smoothly.

The two R.A.F. schools maintain their high acceptance rates and the parents particularly ask for quarterly or half yearly inspections for their children.

There is the ever present problem which faces the profession in trying to point out over and over again the necessity for keeping the mouth as healthy and clean as possible in spite of a diet which is, on the whole, injurious to dental health. We try to impress upon the parents and children at every visit the necessity for discrimination in what to eat and when to eat it and the correct use of the toothbrush.

Posters and leaflets are in great demand. We try to be selective in choosing between the attractive and the sensational. The children, strange though it may seem in this space age, prefer the simpler presentation.

The committee has agreed to the franking of County Council correspondence with a dental health slogan "Clean teeth, clean health".

The part-time dental officer has devoted six sessions to showing films and giving talks and demonstrations. The dental surgery assistant who was with us for seven years has taken over the work of part-time dental surgery assistant.

We now have in the clinic as surgery assistant an ex R.A.F. dental hygienist. Her experience is particularly valuable in the work of dental health education. During school inspections, she demonstrates and talks to small groups. Whenever there is time in the working day she uses it to talk to the children on oral hygiene. The more work there is to be done the more does the dental surgeon realise his dependence upon the reliable and willing services of the chair-side assistant for satisfactory results.

We are especially grateful to the committee for the new mobile unit with such vastly improved working conditions. While economically expedient, it was professionally regrettable that the old equipment could not be replaced but it is hoped to do so in due time.

The vexed question of combining administrative duties (without clerical assistance other than the amount that the surgery assistant can manage to do along with her surgery duties) with the work for which one was trained, has not yet been satisfactorily solved.

In conclusion, I would like to say how grateful I am for all the many personal relationships and the conditions which make the work so congenial.

DENTAL INSPECTION AND TREATMENT

<u>ATTENDANCES AND TREATMENT</u>	<u>AGES</u>			<u>TOTAL</u>
	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 and over</u>	
First visit	911	764	113	1,982
Subsequent visits	614	730	135	1,558
Total visits	1,525	1,494	248	3,540
Additional courses of treatment commenced	20	29	5	54
Fillings in permanent teeth	699	1,196	163	2,058
Fillings in deciduous teeth	872	63	-	935
Permanent teeth filled	582	1,118	157	1,857
Deciduous teeth filled	859	63	-	922
Permanent teeth extracted	20	150	30	200
Deciduous teeth extracted	668	204	-	872
General anaesthetics	176	97	9	282
Emergencies	79	26	4	109
Number of pupils x-rayed				27
Prophylaxis				75
Teeth otherwise conserved				67
Number of teeth root filled				-
Inlays				-
Crowns				-
Courses of treatment completed				1,619

ORTHODONTICS

New cases commenced during year	37
Cases completed during year	22
Cases discontinued during year	4
No. of removable appliances fitted	48
No. of fixed appliances fitted	-
Pupils referred to Hospital Consultant	32

Dental Inspection and Treatment (Cont.)

<u>PROSTHETICS</u>	AGES 5 to 9	AGES 10 to 14	AGES 15 and over	TOTAL
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	-	-	-
Number of dentures supplied	-	-	-	-
<u>ANAESTHETICS</u>				
General anaesthetics administered by Dental Officer				
<u>INSPECTIONS</u>				
(a) First inspection at school. Number of pupils				2,164
(b) First inspection at clinic. Number of pupils				209
Number of (a) + (b) found to require treatment				1,250
Number of (a) + (b) offered treatment				1,219
(c) Pupils re-inspected at school clinic				82
Number of (c) found to require treatment				38
<u>SESSIONS</u>				
Sessions devoted to treatment				435½
Sessions devoted to inspection				31½
Sessions devoted to dental health education				6

